

DECLARATION FOR PROVISIONAL, UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted After Initial Filing (surcharge) (37 CFR 1.6(e))	ATTORNEY DOCKET NUMBER	36180-103011
	FIRST NAMED INVENTOR:	Nevalainen, Helena
	COMPLETE IF KNOWN	
	Application Number	10/573,343
	Filing Date	March 24, 2006
	Art Unit	Unassigned
	Examiner Name	Unassigned

I HEREBY DECLARE THAT:

Each inventor's residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FUNGAL HOSTS FOR EXPRESSION OF
RECOMBINANT PRODUCTS**

(Title of Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) March 24, 2006 as United States Application Number or PCT International

Application Number 10/573,343 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country Code	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
2003905228	AU	09/24/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/AU04/001303	WO	09/23/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.**
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

DECLARATION - Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number **23644** or ☐ Correspondence address below

NAME

ADDRESS

CITY

STATE

ZIP

COUNTRY

TELEPHONE

FAX

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))
Helena

Family Name or Surname
Nevalainen

Inventor's Signature

Helena Nevalainen

Date:

December 11, 2006

Residence: City
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State:
NSW

Country:
AU

Citizenship
AU

Mailing Address
20/105-113 Stapleton Street

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State
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Zip
2145

Country
AU

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))
Valentino Setoa, Jr.

Family Name or Surname
Te'o

Inventor's Signature:

V.S. Te'o

Date:

December 11, 2007

Residence: City
Lane Cove

State:
NSW

Country:
AU

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AU

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9/36-38 Landers Road

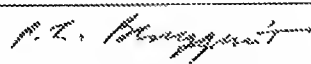
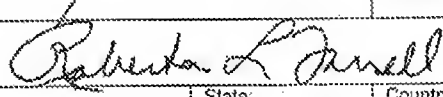
City:
Lane Cove

State
NSW

Zip
2066

Country:
AU

☒ Additional inventors or a legal representative are being named on supplemental sheet(s) PTO/SB/02A are attached.

DECLARATION		Additional Inventor(s) Supplemental Sheet	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Peter Leonard		Family Name or Surname Bergquist	
Inventor's Signature 		Date: December 11, 2007	
Residence: City Ellerslie	State: Auckland	Country: NZ	Citizenship NZ
Mailing Address 3A Pukerangi Crescent			
City: Ellerslie	State: Auckland	Zip	Country NZ
NAME OF Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Roberta		Family Name or Surname Farrell	
Inventor's Signature: 		Date: May 31, 2007	
Residence: City Hamilton	State:	Country: NZ	Citizenship: NZ
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City: Hamilton	State:	Zip	Country: NZ
NAME OF Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City	State:	Country:	Citizenship
Mailing Address			
City:	State	Zip	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on supplemental sheet(s) PTO/SB/02A are attached.			